

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4734AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2008
NAME OF PROVIDER OR SUPPLIER LINDA'S GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3364 EAST ROSARIO CIRCLE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on 04/25/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 9 total beds.</p> <p>The facility had the following category of classified beds: Nine category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons who are elderly or disabled.</p> <p>Residential facility which provides care to persons who have mental illness.</p> <p>The census at the time of the survey was 6. Six resident files were reviewed and 4 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey.</p> <p>CPT #18074 Substantiated (Tag Y816)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1	Y 000		
Y 435 SS=F	<p>The following regulatory deficiencies were identified:</p> <p>449.229(4) Fire Extinguisher; Inspection</p> <p>NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the fire extinguishers were inspected and tagged yearly.</p> <p>Findings include:</p> <p>Observation</p> <p>On 04/25/08 at noon, the facility's two fire extinguishers (in the laundry closet and in the kitchen) had inspection tags dated 03/01/07.</p> <p>Interview</p> <p>On 04/25/08 at noon, the owner indicated the facility would call to have the fire extinguishers inspected.</p> <p>Record review</p> <p>On 04/25/08 at noon, a record review revealed no fire extinguisher inspection invoice since 03/01/07.</p> <p>Severity: 2 Scope: 3</p>	Y 435		

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Y 816 SS=G	<p>449.2732(3)(b) Protective Supervision</p> <p>NAC 449.2732 3. The administrator of a residential facility with a resident who requires protective services shall ensure that: (b) There is a written plan for providing protective supervision for that resident.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a written agreement, contract, policy, procedure, or rules governing supervision for one resident (#6).</p> <p>Findings include:</p> <p>Observation</p> <p>On 04/25/08 at 10:30 AM, the police arrived at the facility to question Resident #6 regarding an elopement incident which occurred on 04/22/08. Resident #6 indicated she was not a danger to herself or others and refused any medical attention. The police then left the facility within 15 minutes.</p> <p>Interview</p> <p>On 04/25/08 at 3:45 PM, Employee #1 indicated the facility did not receive a history and physical or information regarding Resident #6's status upon admission. Employee #1 indicated the</p>	Y 816			

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Y 816	<p>Continued From page 3</p> <p>resident was blind, but could move about the facility independently. Resident #6 did not provide cognizant answers upon questioning.</p> <p>Record review</p> <p>On 04/25/08, a record review revealed Resident #6 was taking three medications: Depakote, Dilantin, and Risperdal. A facility incident report revealed Resident #6 was found within 30 minutes by police after leaving the premises on 04/22/08. The report indicated the resident did not sign in or out for leaving the premises as the facility required.</p> <p>The facility produced a sign out policy form, which was signed by the owner and the resident on 04/24/08.</p> <p>The Bureau of Licensure and Certification (BLC) received a fax on 04/29/08, from the social worker who placed the resident, documented the resident's medical history included the following diagnoses: Psychosis, Narcissistic and Antisocial traits, Legally Blind, and Seizure disorder. The history dated 10/18/07, documented the patient was a one-on-one for safety in the hospital as well as having acting out tendencies for which she was emergently medicated.</p> <p>On 04/25/08 at 10:30 AM, the facility lacked documented evidence of protective supervision for the resident between the admission date of 04/11/08 and 04/25/08. There was no other documentation present to indicate the resident was being supervised.</p> <p>Severity: 3 Scope: 1</p> <p>Cpt: #18074</p>	Y 816			

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Y 876 SS=D	<p>449.2742(4) NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to document medication management agreements for 6 of 6 residents.</p> <p>Findings include:</p> <p>On 04/25/08 at 4:00 PM, a record review revealed no written agreement between the administrator and the six residents for medication management.</p> <p>Severity: 1 Scope: 3</p>	Y 876		
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the</p>	Y 878		

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Y 878	<p>Continued From page 5</p> <p>administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to administer medications consistent with current prescriptions.</p> <p>Findings include:</p> <p>1. Resident #2</p> <p>On 04/25/08 at 4:00 PM, Resident #2 had two different containers of Lexapro, one was 10 milligrams and the other was 20 milligrams.</p> <p>On 04/25/08 at 4:00 PM, Resident #2 indicated she was receiving Lexapro pills twice per day (20 milligrams in the morning and 10 milligrams in the evening).</p> <p>On 04/25/08 at 4:00 PM, a record review confirmed Resident #2's Lexapro was being given twice per day between 04/22/08 and 04/25/08. However, the latest medication list available, dated 04/08/08, indicated the 20 milligram dose in the morning only.</p> <p>2. Resident #5</p> <p>On 04/25/08 at 4:00 PM, Resident #5 had no available supply of Digoxin .125 milligrams, Enteric-Coated Aspirin 81 milligrams, Imitrex 25 milligrams, or Synthroid 150 micrograms, which were scheduled daily.</p>	Y 878			

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Y 878	Continued From page 6 On 04/25/08 at 4:00 PM, Employee #1 indicated resident #5 ran out of the aforementioned pills. On 04/25/08 at 4:00 PM, a record review revealed Resident #5's medication prescription list contained daily doses of Digoxin .125 milligrams, Enteric-Coated Aspirin 81 milligrams, Imitrex 25 milligrams, and Synthroid 150 micrograms. Severity: 2 Scope: 2	Y 878			
Y 938 SS=F	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by:	Y 938			

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Y 938	Continued From page 7 Based on interview and record review, the facility failed to document activities of daily living (ADL) evaluations for 4 of 6 residents upon admission. Findings include: On 04/25/08 at 3:30 PM, Employee #1 asked if she had to complete ADL evaluations. On 04/25/08 at 3:30 PM, record review revealed no ADL documentation for Resident #s 2, 3, 4, and 5. Severity: 2 Scope: 3	Y 938			
Y 941 SS=F	449.2749(1)(h) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility	Y 941			

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Y 941	Continued From page 8 failed to document agreements or contracts between its administrator/owner/caregivers and any of its residents. Findings include: On 04/25/08 at 3:30 PM, Employee #1 was unable to provide information about the absence of written agreements, contracts, or rules between the facility and its residents. On 04/25/08 at 3:30 PM, a record review revealed no documentation of agreements, contracts, or rules between the administrator/owner/caregivers and its residents with the exception of a facility sign-out rule agreement for Resident #6 dated 04/24/08. Severity: 2 Scope: 3	Y 941			
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a	YA106			

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YA106	<p>Continued From page 9</p> <p>residential facility must include, in addition to the information required to subsection 1:</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide completed personnel files for 2 of 4 employees.</p> <p>Findings include:</p> <p>Interview</p> <p>On 04/25/08 at 5:00 PM, the owner indicated Employee #3 and #4 were hired on 4/21/08. The owner indicated there were no residents prior to</p>	YA106			

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YA106	<p>Continued From page 10</p> <p>April 2008.</p> <p>Record review</p> <p>On 04/25/08 at 5:00 PM, The personnel files for Employee #3 and #4 lacked documented evidence of the following:</p> <ul style="list-style-type: none"> - Employee references - Criminal background check - Statement the employee had read and understood the group home regulations - Physical exam - Tuberculin screening test - Cardiopulmonary resuscitation/First Aid training <p>Severity: 2 Scope: 3</p>	YA106		

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